TADV Patient Selection

Dr. Symeon Lechareas
Consultant Interventional Radiologist
Liverpool Vascular and Endovascular Service
Disclosure

Speaker name:

I have the following potential conflicts of interest to report:

☑ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☐ I do not have any potential conflict of interest
TADV Patient Screening Overview

- Wound
- Venous/Arterial Anatomy
- Clinical presentation
- Support/commitment
Support and Commitment

• Patient **commitment** is very important

• This should be agreed with patient and expectations should be communicated and managed

• Patient **support** is an important part of the follow-up process

• All key care givers must be identified, trained and included in the care plan
Clinical Presentation

- No-option status confirmed
- Chronic disorders well controlled
- Cardiac history
- Anticoagulation status
- Life expectancy >12M
- Ambulatory status
Wound Assessment

Ideal characteristics:

• Stable wound
• No active infection
• Multiple views of the entire foot
**Venous Anatomy**

**Lateral Plantar Vein**: Minimal tortuosity, >3 mm, uninterrupted from metatarsal to PTV, no thrombus or compression defects
Arterial Anatomy

- Treat Inflow if necessary
- Is there an adequate donor vessel?
- Will venous arterialization impact native arterial flow?
Case Example

63yr; male
DM2, no Dialysis
Past Smoker
No history of MI or stroke
Pain Level: 5

US Doppler Veins Leg Rt:
GSV at ankle 3.4mm 4.7mm 5.0 mm
Superficial thrombophlebitis mid calf
MMV prx foot 1.9mm 2.7 mm 2.1 mm No
MMV dst foot 1.4mm 1.2 mm 1.5mm No
ATV 1 at ankle 1.7mm 1.8 mm 15.5mm No
PTV 1 at ankle 3.3 mm 4.1 mm 13.2mm No
PTV 2 at ankle 3.4 mm 4.1 mm 12.0mm No
LPV prx foot 4.6mm 5.2 mm 15.1mm No
LPV mid foot 2.9mm 5.4 mm 14.0mm No
LPV dst foot 2.9mm 3.2 mm 11.2 mm No

Dry gangrene 2nd toe
Case Example

Index LimFlow (Medial Plantar Vein)

1.5yr post LimFlow
Case Example

82yr; male
DM2, no Dialysis
Past Smoker
History of Heart Failure
Pain Level: 10

Right Hallux Amputation – non-healing
Case Example

Index LimFlow

Baseline Wound

2month post LimFlow

3month post LimFlow

4month Angio

9month post LimFlow
Conclusions

• Patient Support and Commitment are important factors to consider when screening patients
• Clinical presentation must be considered to evaluate chronic comorbidities, ambulatory status, and life expectancy
• Wound assessment: wound stability and location
• Vascular anatomy must be assessed to determine venous and arterial suitability